

Tobacco Usage Survey

The Utah Department of Health is conducting a study to better understand the effects of tobacco use and effective cessation strategies for pregnant women. Please help us by answering the following question. As a part of this study, you may be contacted by Medicaid employees about services which we are developing, with community partners, specifically for pregnant women.

Your participation is voluntary and has nothing to do with whether or not you can be approved for medical assistance. Your name, and other identifying information will not be given to anyone outside the Medicaid program.

Do you smoke cigarettes or use smokeless tobacco?

- A. Yes ☐Cigarettes ☐Smokeless
B. No
C. I do not want to answer.

Name_____

Case Number_____ (PACMIS number)

Date of Birth_____ Phone #_____

Street_____ Apt. _____

City_____ State_____ Zip_____

To be completed by DWS/BES/HPR/LHD Worker

Client ID_____ (must have 10 digits)

SSN_____

Refused to complete survey **9**

HPR **9** DWS **9** BES **9** LHD **9**

Region/Office_____

Print name of

DWS/BES/HPR/LHD_____ Date_____

Phone #_____ Fax #_____

Worker Instructions: To be offered to every pregnant female applicant for Medicaid

Form Distribution:

- No copy in case record
- Send to Marilyn Haynes-Brokopp - **Fax 1-801-536-0972**
- Mail to Bureau of Managed Health Care, P.O. 143108, Salt Lake City, UT. 84114-38108